MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMEND. IND.	AFTER 1ˢᵗ AMEND. DEP.	AFTER 2ⁿᵈ AMEND. IND.	AFTER 2ⁿᵈ AMEND. DEP.
1	1		1			
2	1		1			
3		1				1
4		2				1
5		2				1
6		1				1
7		1				1
8		2				1
9		2				1
10		①				1
11		①				1
12		①				1
13		①				1
14		①				1
15		①				1
16		1				1
17		①				1
18		①				1
19		①				1
20		①				1
21		①				1
22	1			1		
23		1				1
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TOTAL IND.			3			
TOTAL DEP.			24			
TOTAL CLAIMS			27			

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMEND. IND.	AFTER 1ˢᵗ AMEND. DEP.	AFTER 2ⁿᵈ AMEND. IND.	AFTER 2ⁿᵈ AMEND. DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						